INTERNET FORM NLRB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
19-CA-283495	9/24/2021	

FORM EXEMPT UNDER 44 U.S.C 3512

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.			
a Name of Employer b. Tel. No.			
a. Name of Employer		(541) 706-5828	
St. Charles Health System		c. Cell No.	
		f. Fax No.	
d. Address (Street, city, state, and ZIP code)	e. Employer Representative		
2500 NE Neff Rd	Nicole Ponder	g. e-Mail	
OR Bend 97701	Human Resources	mcponder@stcharleshealthcare.org	
		h. Number of workers employed 4000	
i. Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service		
Healthcare	Healthcare		
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list			
subsections) 1 of the National Labor Relations Act, and these unfair labor			
practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce			
within the meaning of the Act and the Postal Reorganization Act.			
2. Basis of the Charge (set forth a clear and concise statement of	of the facts constituting the alleged unfair labor pra	actices)	
Soc additional page			
See additional page			
3. Full name of party filing charge (if labor organization, give full name, including local name and number)			
(b) (6), (b) (7)(C) Title:			
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. (b) (6), (b) (7)(C)	
	-	4c. Cell No.	
(b) (6), (b) (7)(C)		4C. Cell No.	
	Ī	4d. Fax No.	
	 	4e. e-Mail	
		(b) (6), (b) (7)(C)	
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5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)			
6. DECLARATION		Tel. No.	
I declare that I have read the above charge and that the statements a	are true to the best of my knowledge and belief.	(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)	(b) (6) (b) (7)(C)	Office, if any, Cell No.	
Title:	(b) (6), (b) (7)(C)	omeo, ii diiy, ooli No.	
	Print/type name and title or office, if any)	Fax No.	
(b) (6) (b) (7)(C)		e-Mail	
(b) (6), (b) (7)(C) Address	09/24/2021 04:51:35 PM (date)	(b) (6), (b) (7)(C)	
Addices	[uuic/		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Basis of the Charge

8(a)(1)

Within the previous six-months, the Employer has interfered with, restrained, and coerced its employees in the exercise of rights protected by Section 7 of the Act by denying an employee's request for union representation during an disciplinary investigation.

Approximate date representation was denied

^{(b) (6), (b) (7}/2021